



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/index.php/licensing/plb/56

UTILITY FOREMAN SUPPLEMENTAL DOCUMENTS FOR ONLINE APPLICANTS

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

Print the receipt of your online application and submit it along the following necessary supporting documentation to the Board office. You may mail it to the address listed above or fax it to 1-478-207-1458. Your application is not considered complete until this supporting document is received by the Board office.

- ☐ **Safety Training Course** - Submit documentation of a completed 7 hour Board-approved Safety Training Course within the last two years (Board Rule 121-2-.10). The list of approved courses is available on the Board website.
- ☐ **Employer Letter** - Submit a notarized letter on company letterhead from each employer listed on the Experience Record to verify experience in the field.
- ☐ **Criminal Background Check** - Submit a criminal background check obtained from a local law enforcement department, whether or not a criminal record exists.
- ☐ **Secure and Verifiable Document** - Submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

If you have answered any of the online questions in a way that requires additional documentation, please submit it to the Board office. **Until all documentation is received, your application will be considered incomplete.**

Be sure to print your name and the application number obtained from your receipt on the top of any supporting documentation you submit to the Board office.

APPLICATION STATUS

After you submit the online application and send in the supporting documentation, you may check the progress of the review of your application by going to the Board website, www.sos.ga.gov/index.php/licensing/plb/56. Click on the tab, ONLINE SERVICES, then select APPLICATION STATUS. Please allow ample time for the items to be checked.

LAW AND RULES

See the complete law and rules at the Board's website: www.sos.ga.gov/index.php/licensing/plb/56. You are responsible for knowing the laws and rules for your profession.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.



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237 Coliseum Drive, Macon, GA 31217-3858
478-207-2440
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Date Entered _____

UTILITY FOREMAN SUPPLEMENTAL DOCUMENTS

FOR ONLINE APPLICANTS

Applications are valid for one (1) year from date of receipt.

APPLICANT'S NAME:

APPLICANT TRACKING CODE : (Found on receipt page)

EXPERIENCE RECORD

- Applicants for Utility Foreman license must show at least **one (1) year** of experience in the field in the construction, erection, alteration or repair of utility systems at least five feet underground.
- You must submit a **notarized letter on company letterhead** from the employers listed below to verify your experience record in the field for the minimum duration required for certification. See Board Rule 121-2-.09.
- Please make additional copies as needed for additional employers.

SPECIFY EXPERIENCE RELATING TO UTILITY DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's Job Title:
Dates Employed From: (mo/yr) To: (mo/yr)	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.
Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's Job Title:
Dates Employed From: (mo/yr) To: (mo/yr)	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.
Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Utility License#
Employer Phone#	Applicant's Job Title:
Dates Employed From: (mo/yr) To: (mo/yr)	<input type="checkbox"/> A notarized letter on company letterhead from this employer has been attached.

REFERENCES

Applicant Name: _____

List the name, address, and telephone number of **three (3) persons** who have knowledge of your utility experience to whom the Division may refer.

Name:	Telephone#
Address:	Professional License#
City, State, Zip:	Issuing State:
Name:	Telephone#
Address:	Professional License#
City, State, Zip:	Issuing State:
Name:	Telephone#
Address:	Professional License#
City, State, Zip:	Issuing State:

APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. _____ I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires: _____

Signature of Applicant

NOTARY SEAL